-----Original Message-----
From: Jason Luckasevic
Sent: Thursday, June 3, 2021 8:05 AM
To: Scott George <sgeorge@seegerweiss.com>; 'Michael Rosenberg' <MRosenberg@seegerweiss.com>
Subject: FW: [redacted] (NFL)

Dear Scott & Michael:

Below is an article concerning the statement by the provider in this matter (related to another NFL claim) that the AAP reviewer is tasked to find fault rather than apply the Settlement Agreement criteria. What investigation, if any, has been conducted since I brought this to your attention on 4/13/2021? Can you please provide a status update.

Sincerely,
Jason Luckasevic

https://abcnews.go.com/Sports/clinicians-fear-nfls-concussion-settlement-program-protocols-discriminate/story?id=75646704

From: [redacted]
To:
Subject: Re: NFL Concussion Settlement - Neuropsychological Evaluation - [redacted]
Date: Saturday, April 10, 2021 9:25:44 AM

This is a complex case which has both emotional and neuropsychological issues which influence the effort scores as well as the overall assessment, The conclusions reached by your reviewer relies on the idea that the clients are otherwise normal. The performance statistics are mot applicable to this population of combined emotional and neurological problems. I should note that in cases like this it is my opinion that the emotional problems are caused or were exacerbated by the neurological injuries sug=ffered by the client. Thus to separate them out as a failure to try is to ignore the etiology of such problems. Our evaluation and conclusions for SLick were based on our awareness of these issues. Throwing out the applications of clients like this is unfair and ignores the complex relationship of cognitive and emotional problems caused by brain injury.

It is my strong opinion that the client-despite the number son the effort tests-- was trying to cooperate at his highest level and that he had suffered significant brain injury at some time in his football career. On this bases. I stand with the original conclusions which incorporated understanding the client's complex situation in full rather than focusing on limited score based conclusions which are misleading in this population.

I understand the reviewers job is to find fault with the clinical reports, but such an approach fails to see the client as an individual where clinical judgment and observation is as important as specific effort scores. I will also note that many clients dementia--up to half--fail these effort tests employed here while I acknowledge this is not so in normals. These are not normals and an understanding of their effort should be used as much on clinical observation and analysis as specific scores.

Dr. Golden

On Fri, Apr 2, 2021 at 1:56 PM Rachel B. Young [redacted] wrote:

> Good Afternoon Dr. Golden,
>
> We have reviewed your records for retired Player [redacted]) and we need just a little more explanation regarding this evaluation.
>
> The neuropsychological testing was performed on 11/11/2020. It was reported that the Player "takes this [antidepressant] medication on and off because he does not like some of the side effects. He reported never receiving psychotherapy for these issues. At intake, he reported still experiencing symptoms of major depressive disorder including sleeping problems, not enjoying things, and feeling helpless and hopeless at times… he had to stop working in 2012 because of concentration problems, memory issues, and pain. [He] reported his depression has been present for about 10 years. He said he does 'pretty much nothing' in his spare time." You noted that "depression and physical pains may limit his abilities and affect his performance." Performance validity was considered to be "failing overall," and he failed the TOMM, MSVT, Word Choice, and VR Recognition. Cognitive domains were rated as Level 1.5 for Complex Attention and Processing Speed, Learning and Memory, and Executive Function; and Level 2 for Language and Visual Perception. On the MMPI-2RF, "[he] is concerned with various somatic complaints, is depressed, evidences some paranoia

that others pose a threat to him, as well as unusual thoughts or perceptions. His MMPI-2 RF profile should be interpreted with caution, however, as elevations in validity scores indicate that [he] may have responded to questions in a manner that is not typical of most people." On the MINI, the Player met criteria for Major Depressive Disorder.

In our review, the AAP observed an issue that would require a further explanation from you:

The AAP observed that the neuropsychological assessment is almost certainly invalid. The Player has at least 4 tests below the 15th percentile. This is very rare even in impaired individuals. Further there are inconsistencies in between Test scores and observed behavior. The Player is able to provide his own history in spite of scoring very poorly on the BDAE comprehension test. Further the player does better on delayed recall than on recognition in some instances which is inconsistent with what we know about brain function. As such Slick criteria 1, 2 and 3 are met. Failure on two or more effort indicators discriminates between credible and noncredible subjects on neuropsychological testing (see Larrabee GJ. Clin Neuropsychologist 28:1230–1242, 2014 and Larrabee GJ. Clin Neuropsychol 22:666-79, 2008; Meyers JE & Volbrecht ME. Arch Clin Neuropsychol 18:261-76, 2003). Thus, the performance validity test results clearly indicate that this is a non-credible cognitive profile and the cognitive data obtained from this evaluation are not valid and cannot be interpreted. In addition for meeting Slick criteria 1-3, the normal MMSE score obtained by the neurologist, at most indicative of mild cognitive impairment, is markedly discrepant from the neuropsychological test outcomes, further supporting concerns for Slick criteria #2 (inconsistency with accepted models of CNS dysfunction).

We wanted to share this observation with you to ask if you could provide us with additional explanation regarding the validity measures and the concerns for the Slick criteria to explain why the testing should be considered valid? We shared this with Dr. Rubin and he has deferred to you for additional explanation.

Thank you for your help!

Rachel B. Young

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Charles Golden